

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PR60156USwFirst Names Inventor:
CHEUNGComplete if known:
App No.:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMIDAZOTRIAZINE COMPOUNDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US04/09553 filed March 29, 2004 and was amended on (MM/DD/YYYY)
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/459,293	04/01/2003
2.	
3.	

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PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
			PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to **Customer Number 23347**

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Lorie Ann Morgan
919-483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	CHEUNG	Mui		
	INVENTOR'S SIGNATURE	Signature	Date:	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	CN
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	KING	Nigel		
	INVENTOR'S SIGNATURE	Signature	Date:	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Harlow	Essex, UK	GB
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		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	KUNTZ	Kevin		
	INVENTOR'S SIGNATURE	Signature <i>K Wayne</i>	Date: <i>6/30/04</i>	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
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2	FULL NAME OF INVENTOR	FAMILY NAME MOOK, Jr.	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Anthony <i>KAM</i>
0	INVENTOR'S SIGNATURE	Signature <i>Robert Anthony Mook Jr</i>		Date: <i>August 30, 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME POBANZ	FIRST GIVEN NAME Mark	SECOND GIVEN NAME/INITIAL Andrew
0	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Westfield	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3845 Earhart Drive	CITY Westfield	STATE & ZIP CODE/COUNTRY Indiana 46074, US
2	FULL NAME OF INVENTOR	FAMILY NAME SALOVICH	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Michael
0	INVENTOR'S SIGNATURE	Signature		Date:
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0	INVENTOR'S SIGNATURE	Signature		Date:
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		CHEUNG	Mui	
0	INVENTOR'S SIGNATURE	Signature 		Date: 7/1/04
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	CN
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		KING	Nigel	Paul
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Harlow	Essex, UK	GB
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		KUNTZ	Kevin	Wayne
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
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0	INVENTOR'S SIGNATURE	Signature		Date:
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2	FULL NAME OF INVENTOR	FAMILY NAME SALOVICH	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Michael
0	INVENTOR'S SIGNATURE	Signature <i>James A. Salovich</i>		Date: <i>1 July 2004</i>
6	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL John
0	INVENTOR'S SIGNATURE	Signature <i>B. Wilson</i>		Date: <i>JULY 1/2004</i>
7	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CA
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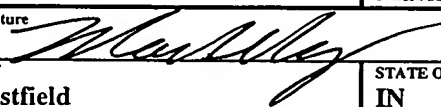
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	CHEUNG		Mui	
0	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	CN
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	KING		Nigel	Paul
0	INVENTOR'S SIGNATURE	Signature		Date:
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	KUNTZ		Kevin	Wayne
0	INVENTOR'S SIGNATURE	Signature		Date:
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	INVENTOR'S SIGNATURE	Signature 		Date: 07/06/09
0	RESIDENCE & CITIZENSHIP	CITY Westfield	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3845 Earhart Drive	CITY Westfield	STATE & ZIP CODE/COUNTRY Indiana 46074, US
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2	FULL NAME OF INVENTOR	FAMILY NAME KING	FIRST GIVEN NAME Nigel	SECOND GIVEN NAME/INITIAL Paul
0	INVENTOR'S SIGNATURE	Signature <i>N. Paul King</i>		Date: <i>8th July 2004</i>
2	RESIDENCE & CITIZENSHIP	CITY Harlow	STATE OR FOREIGN COUNTRY Essex, UK	COUNTRY OF CITIZENSHIP GB
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME KUNTZ	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME/INITIAL Wayne
0	INVENTOR'S SIGNATURE	Signature		Date:
3	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME MOOK, Jr.	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME POBANZ	FIRST GIVEN NAME Mark	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Westfield	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3845 Earhart Drive	CITY Westfield	STATE & ZIP CODE/COUNTRY Indiana 46074, US
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME SALOVICH	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Michael
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL John
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US